



Francisco Cabrera
Client Advisor
Entertainment Practice

Marsh USA Inc.
777 S. Figueroa
Los Angeles, CA 90017
213 346 5204 Fax 213 346 5922
francisco.j.cabrera@marsh.com
www.marsh.com

06/09/2016

Via E-mail

Lauren Kulchinsky
Vision Post
200 Fifth Avenue
New York , NY 10010

Subject: *Grey Advertising (New York)*, **Job Number:** *ARP-COR-V60167*, **Title:** *CP Production Round 2*

Dear Lauren,

Susan Shipman from Grey Advertising (New York) notified us that you'll be producing the above captioned production for AARP.

To facilitate the insurance for your production, enclosed please find the following items:

- A Certificate of Insurance for use with your vendors, locations, *etc.* It is important that you issue only one Certificate per vendor or location.
- Instructions to use your Certificates of Insurance. ***It is important that you read and confirm via e-mail your agreement to use the Certificates in accordance with the instructions set forth.***
- Our production insurance manual which provides additional contact info and details relating to the program.

It is important that you understand:

- You must send a copy of every Certificate you issue to us. Please send the Certificates to my attention at the address show above.
- This program ***does not*** provide Workers Compensation/Employers Liability coverage for you, your production company, or any independent contractors. ***You must provide us with a Certificate that evidences your Workers Compensation coverage within two business days of today's date. Please e-mail or fax the Certificate to my attention.***
- If there are changes to the script or storyboard that affect the Special Coverage Checklist, please contact us with details immediately and forward the appropriate, completed questionnaire (included the production manual) to my attention.

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- When you finish the production, please be sure that you've sent us a copy of *each* of the Certificates of Insurance that you've issued. It is important you understand that any Certificate we receive later than two weeks after you've finished production is *null and void*. Please destroy any unused hard copies of the Certificate and delete the electronic file from your computer.
- Although this insurance program takes the place of your own insurance, you should always use best practices in all your activities and act like the insurance is your own.

Please report any claims and all instances immediately. Late reporting could result in the denial of a claim by the insurance company so we strongly encourage the reporting of any and all claims/incidents as they happen. To report a claim please call or e-mail:

Emily T. Uy

949 399 5920

Voice

949 399 5972

Facsimile

949 378 8652

Mobile

Emily.t.uy@marsh.com

E-mail

One final point, absent any information from you to the contrary, it is our understanding that this production does not involve aircraft, animals, car chases, cast coverage on talent older than 80 years of age, foreign activities, stunts of any kind, pyrotechnics, railroads, watercraft, weather-related hazards, or any other unusual or hazardous activities. As such, coverage may not automatically exist for these exposures. It is important that you call our office to discuss the exposures associated with this production.

Should you have questions or require anything further, please do not hesitate to contact me directly. It is our pleasure to be of service.

Sincerely,

Francisco Cabrera

Francisco Cabrera
Client Advisor

Attachments

cc: Susan Shipman, Grey Advertising (New York)

INSTRUCTIONS FOR CERTIFICATES OF INSURANCE

The following sets forth the terms on which Marsh is delivering or has delivered to your company Certificates of Insurance relating to coverage placed by Marsh for Vision Post , AARP and Grey Advertising (New York).

Vision Post is authorized to fill in the name and address of the Certificate Holder on a Certificate in the form attached and to deliver the completed Certificate to the Certificate Holder. Vision Post may not otherwise modify or use the Certificate. Vision Post will deliver to Marsh, to the following address: 777 S. Figueroa, 23rd Floor, Los Angeles, CA 90017 a copy of each completed Certificate of Insurance within 30 days of the delivery to the Certificate Holder. This authorization remains in effect until terminated by Marsh by written notice to your company.

**Please confirm by reply e-mail Vision Post 's
agreement to the foregoing.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/07/16

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 777 S. Figueroa, 23 rd Floor Los Angeles, CA 90017 WPP Group USA, Inc. / Grey Advertising (New York)	CONTACT NAME: Francisco Cabrera PHONE (A/C, No, Ext): 213-346-5204 EMAIL ADDRESS: francisco.j.cabrera@marsh.com	FAX (A/C, No): 213-346-5922
	INSURER(S) AFFORDING COVERAGE	
INSURED Vision Post 200 Fifth Avenue New York, NY 10010	INSURER A: Fireman's Fund Insurance Company	NAIC # 21873
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			XXC 80498591	2/1/16	2/1/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> NOHA PHYS. DMG.			XXC 80498591 MPT 07113164	2/1/16 2/1/16	2/1/17 2/1/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PHYSICAL DAMAGE Included in Misc. Eqp. Lmt.
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XAU48885776	2/1/16	2/1/17	EACH OCCURRENCE \$ 24,000,000 AGGREGATE \$ 24,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (MANDATORY IN NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Not Included	N/A	N/A	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	PROPS, SETS & WARDROBE MISCELLANEOUS EQUIPMENT THIRD PARTY PROPERTY DAMAGE			MPT 07113164	2/1/16	2/1/17	LIMIT - \$5,000,000 DED: \$1,500 LIMIT - \$5,000,000 DED: \$2,500 LIMIT - \$1,000,000 DED: \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is included as Additional Insured and/or Loss Payee as respects operations of the Named Insured and as required by contract. Coverage applies to production entitled: "CP Production Round 2"; Job No.: ARP-COR-V60167; Client: AARP.

WPP - Grey Advertising (New York) - Vision Post - AARP - Job No. ARP-COR-V60167 - CP Production Round 2

CERTIFICATE HOLDER**CANCELLATION**

Roomr
17 Old Fulton Street
Brooklyn, NY 11201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brooke Barnett

